

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/624224

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12		4					62						
13	1						63						
14		1					64						
15		1					65						
16		3					66						
17	1						67						
18		1					68						
19		1					69						
20		3					70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						

BEST AVAILABLE COPY